

## Application for Membership to Region 6 AIDSNet HIV Care Services Committee

The Consortia of Region 6 are consolidating into one Care Services Committee to provide planning, guidance and advice to the AIDSNet lead agency, Clark County Public Health. If you would like to be a member of this new committee please complete the membership application below.

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Current Affiliation:

Are you a current member of a previous Consortium in Region #6?

☐ no    ☐ yes, please list which one: \_\_\_\_\_

1. Please describe your personal and/or professional experience and expertise. Discuss any experience related to HIV disease or with the system of HIV/AIDS care services delivery.
2. Please discuss your interest in serving on the Committee. What skills or perspective would you bring to the Committee to strengthen its effectiveness? Anything else that you would bring to the Committee?
3. Anything else you would like for us to know about you?

I am willing to commit the time (a two-year appointment) and effort required of Services Committee Members should I be selected for service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### What Target Population(s) Do You Represent?

Target Population	<input checked="" type="checkbox"/> those that apply	I fit this category because I ...
Health care providers to PLWH (Medical provider)		
Representative of HIV/AIDS service organization		
Housing/homeless services provider		
Mental health treatment provider		
Substance use treatment provider		
Non-elected community leader		
Health planner		
Medicaid Agency Representative		
Ryan White Part B representative		
Ryan White Part C representative		
Ryan White Part D representative		
Other Federal HIV Funding (AETC, SPNS, etc.)		
Recently Incarcerated (in last 3 years) PLWH/A or their representative		
Consumer of Ryan White Services		
Other, please indicate:		

In addition to these slots, the Committee should be representative of the diversity of those with HIV in Region 6 in terms of gender, race, ethnicity, place of birth and sexual orientation. The information below is requested to help meet this requirement.

<b>GENDER:</b>	<input type="checkbox"/> Transgender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
<b>RACE:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Alaskan Native
	<input type="checkbox"/> Other (Please list) _____			
<b>ETHNICITY:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		
<b>PLACE OF BIRTH</b>	<input type="checkbox"/> United States	<input type="checkbox"/> Other (Please list) _____		
<b>SEXUAL ORIENTATION</b>	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Heterosexual	
<b>HIV STATUS</b>	<input type="checkbox"/> HIV+	<input type="checkbox"/> HIV-	<input type="checkbox"/> Status Unknown	

Please mail completed application to:  
**Region 6 AIDSNet HIV Care Services Committee**  
**P.O. Box 9825**  
**Vancouver, WA 98666-8825**  
**or fax to 360-397-8106**

If you have any questions, please contact:  
**David Heal at (360) 397-8086 or [david.heal@clark.wa.gov](mailto:david.heal@clark.wa.gov) or**  
**Debra Coss at [debra.coss@clark.wa.gov](mailto:debra.coss@clark.wa.gov)**

**Thank you for your application to the Committee!**